## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10659241

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                  |                               |                      |  |          | SMALL ENTITY TYPE   |                        |        | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|---|--|---|------------------|-------------------------------|----------------------|--|----------|---------------------|------------------------|--------|-------------------------------|------------------------|--|
| TOTAL CLAIMS  |  |   | 25               |                               |                      |  |          | RATE                | FEE                    |        | RATE                          | FEE                    |  |
| FOR   |  |   | NUMBER FILED     |                               | NUMBER EXTRA         |  |          | BASIC FEE           | 375.00                 | OR     | BASIC FEE                     | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 2 5 minus 20=    |                               | * 5                  |  |          | X\$ 9=              |                        | OR     | X\$18=                        | 90                     |  |
| IND   | EPENDENT CL                                      | AIMS                                      | 3 minus 3 =      |                               | *                    |  |          | X42=                |                        | OR     | X84=                          |                        |  |
| MU  | LTIPLE DEPEN                                     | DENT CLAIM PI                             | RESENT           |                               |                      |  |          | +140=               |                        | OR     | +280=                         |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in   |  |   |                  |                               |                      | olumn 2                                      |          | TOTAL               |                        | OR     | TOTAL                         | 240                    |  |
| CLAIMS AS AMENDED - PART II   |  |   |                  |                               |                      |  |          |                     |                        | 10,,   | OTHER                         | //                     |  |
|   |  | (Column 1)                                |                  | (Colur                        | nn 2) (Column 3)     |  | _        | SMALL E             | ENTITY                 | OR     | SMALL                         |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY         | PRESENT<br>EXTRA                             |          | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus            | **                            |                      | =  |          | X\$ 9=              |                        | OR     | X\$18=                        |                        |  |
|   | Independent                                      | *   | Minus            | ***                           | CL AIM               | <u>                                     </u> | 4        | X42=                |                        | OR     | X84=                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                  |                               |                      |  |          | +140≈               |                        | OR     | +280≃                         |                        |  |
|   |  |   |                  |                               |                      |  | 1        | TOTAL               |                        | OR     | TOTAL<br>ADDIT. FEE           |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                  |                               |                      |  |          | ADDIT. FEE          |                        |        | ADDII. FEE                    |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>DUSLY | PRESENT<br>EXTRA                             |          | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus            | **                            |                      | =  |          | X\$ 9=              |                        | OR     | X\$18≃                        |                        |  |
|   | Independent                                      | *   | Minus            | ***                           | CLANA                | = (=1  | 4        | X42≃                |                        | OR     | X84=                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                  |                               |                      |  |          | +140=               |                        | OR     | +280=                         |                        |  |
|   |  |   |                  |                               |                      |  |          | TOTAL<br>ADDIT. FEE |                        | OR     | TOTAL<br>ADDIT. FEE           |                        |  |
|   |  | (Column 1)                                | ·                | (Colui                        |                      | (Column 3)                                   |          | ADDII. 1 CC .       |                        |        | ADDII. I EC                   |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER                  | PRESENT<br>EXTRA                             |          | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus            | **                            |                      | =  |          | X\$ 9=              |                        | OR     | X\$18=                        |                        |  |
| AME   | Independent                                      | *   | Minus            | ***                           |                      | <u> </u>                                     | <b>↓</b> | X42=                |                        | OR     | X84=                          |                        |  |
| <u> </u>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM + |   |                  |                               |                      |  |          | +140=               |                        | OR     | +280=                         |                        |  |
| *   | If the entry in colu                             | mn 1 is less than t                       | he entry in colu | ımn 2, write                  | e "0" in co          | lumn 3.                                      |          | TOTAL               |                        | OR     | TOTAL                         |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                  |                               |                      |  |          |                     |                        |        |                               | L                      |  |
|   | ine Highest Nun                                  | nder Previously Pa                        | id For" (Total o | r Independ                    | ent) is the          | nighest numb                                 | er fo    | und in the app      | propriate box          | (in co | lumn 1.                       |                        |  |